



STATE OF TENNESSEE
BUREAU OF TENNCARE
DEPARTMENT OF FINANCE AND ADMINISTRATION
310 GREAT CIRCLE ROAD
NASHVILLE, TENNESSEE

This notice is to advise you of information regarding the *TennCare Pharmacy Program*.

Please forward or copy the information in this notice to all providers who may be affected by these processing changes.

With a number of changes that will directly impact providers being implemented for the *TennCare Program*, this notice is being sent as a reminder of those changes. We encourage you to read this notice thoroughly and contact First Health's Technical Call Center (866-434-5520) should you have additional questions.

Content:

1. Preferred Drug List Changes
2. New Prior Authorization Fax Form
3. Miscellaneous Information: Medical Audits and TennCare List Service

PREFERRED DRUG LIST (PDL) FOR TENNCARE EFFECTIVE 2/07/07:

TennCare is continuing the process of reviewing all covered drug classes over a 2 year period. Changes will occur to the PDL and the preferred and non-preferred status of agents as new classes are reviewed and previously reviewed classes are revisited. As a result of these changes, some medications your patients are now taking may be considered non-preferred agents in the future. Please inform your patients who are on one of these medications that switching to a preferred medication will decrease delays in receiving their medications. For medications with existing prior authorizations in place, the PA will remain active through the current expiration date. A copy of the new PDL will be posted February 7, 2007 to <http://tennessee.fhsc.com>. Feel free to share this information with all TennCare providers. The individual changes to the PDL are listed below. For more details on clinical criteria, please visit: https://tennessee.fhsc.com/Downloads/provider/TNRx_PDL_CC_ST_QLL.pdf.

Below is a summary of PDL changes that will be effective February 7, 2007

- **Anti-Infective Agents: Nitrofurans - Oral**
 - Nitrofurantoin macrocrystals, nitrofurantoin monohydrate/macrocrystals and Furadantin® oral suspension will become preferred (new to PDL)
 - Macrochantin® and Macrobid® will become non-preferred (new to PDL)
- **Anti-Infective Agents: Methenamine and Combination Agents - Oral**
 - Methenamine mandelate and methenamine hippurate will become preferred (new to PDL)
 - Mandelamine® and Hiprex® will become non-preferred (new to PDL)
 - All generic combination products of methenamine and phenylsalicylate, hyoscyamine, atropine, etc., will be preferred (new to PDL)
 - All brand combination products of methenamine and phenylsalicylate, hyoscyamine, atropine, etc., will be non-preferred (new to PDL)
- **Anti-Infective Agents: Misc – Oral Agents for UTI**
 - Monurol® will become non-preferred (new to PDL)^{CC}

- **Anti-Infective Agents: Nitroimidazole Oral Agents**
 - Metronidazole and metronidazole ER will become preferred (new to PDL)
 - Flagyl[®], Flagyl[®] ER, and Tindamax[®] will become non-preferred (new to PDL)
- **Anti-Infective Agents: Vaginal Antibiotics**
 - Cleocin[®] suppositories, clindamycin phosphate 2% cream, metronidazole 0.75% gel, and Vandazole[®] will become preferred (new to PDL)
 - Cleocin[®] cream, Clindesse[®], and Metrogel[®]-Vaginal will become non-preferred (new to PDL)
- **Anti-Infective Agents: Oral Macrolides and Azalides**
 - Generic erythromycin products, azithromycin^{QL}, and clarithromycin will remain preferred
 - Brand name erythromycin products and Zithromax^{® QL} become non-preferred
 - Biaxin[®], Biaxin XL[®], and Zmax^{® QL} will remain non-preferred
- **Anti-Infective Agents: Oral Lincosamides**
 - Clindamycin and Cleocin[®] Pediatric granules for oral suspension will become preferred (new to PDL)
 - Cleocin[®] capsules will become non-preferred (new to PDL)
- **Antidiabetic Agents: Biguanides**
 - Riomet[®] will become preferred
 - Metformin and metformin ER will remain preferred
 - Fortamet[®], Glucophage[®], Glucophage XR[®], and Glumetza[®] will remain non-preferred
- **Antidiabetic Agents: First and Second Generation Oral Sulfonylureas**
 - Glimepiride will become preferred
 - Glipizide, glipizide ER/XL, glyburide, and glyburide micronized will remain preferred
 - Acetohexamide, chlorpropamide, Diabinese[®], Orinase[®], tolazamide, and tolbutamide will become non-preferred
 - Amaryl[®], Diabeta[®], Glucotrol[®], Glucotrol XL[®], and Glynase[®] will remain non-preferred
- **Antidiabetic Agents: Biguanide/Sulfonylurea Combinations**
 - Glipizine/metformin will become preferred
 - Glyburide/metformin will remain preferred
 - Glucovance[®] and Metaglip[®] will remain non-preferred
- **Antidiabetic Agents: ThiazolidinedionesST and Combination Products**
 - Duetact[®] will become preferredST
 - Actos[®] and Actoplus Met[®] will remain preferredST
 - Avandia[®], Avandamet[®] and Avandaryl[®] will remain non-preferredST

NOTE: All of the aforementioned changes, whether preferred or non-preferred, may have additional criteria which controls their usage. Any clinical criteria associated with an agent are noted with a superscripted “CC”. Please refer to the Clinical Criteria, Step Therapy, Quantity Level Limits for PDL medications document (website link referenced below) for additional information.

Changes to the CC, ST, QL for the PDL (effective 2-7-07):

- Monurol[®] CC
- Ketek[®] CC
- Exubera[®] CC
- Byetta[®] CC
- Symlin[®] CC

PRIOR AUTHORIZATION FAX FORMS

First Health Services has updated the form prescribers use to fax prior authorization requests. Please be sure your office is utilizing the most up-to-date form. Using the current form will decrease delays in prior authorization replies. It can be downloaded at https://tennessee.fhsc.com/Downloads/provider/TNRx_PAfaxform.pdf.

MISCELLANEOUS ITEMS

- Medical Audits: Please be aware that TennCare may perform medical audits (including, but not limited to: review of drug sample records, diagnosis codes, billing procedures, etc.) to ensure the integrity of the program.
- TennCare List Serve for Notifications: TennCare has created a service where any providers who would like to sign up for free notifications for the TennCare program can enter their contact information and receive notifications electronically. This service is free to join and providers interested in signing up can follow the links at: <http://www.state.tn.us/tenncare/pharmacy/pharmlistserv.htm>

GUIDE FOR TENNCARE PHARMACIES: OVERRIDE CODES

OVERRIDE TYPE	OVERRIDE NCPDP FIELD	CODE
Emergency 3-Day Supply of Non-PDL Product	Prior Authorization Type Code (461-EU)	8
Emergency supply (Rx CHANGED to PDL or PA received after 3-day supply already dispensed) to prevent from counting twice toward script limit	Submission Clarification Code (42Ø-DK)	5
Hospice Patient (Exempt from Co-pay)	Patient Location Field (NCPDP field 307-C7)	11
Pregnant Patient (Exempt from Co-pay)	Pregnancy Indicator Field (NCPDP field 335-2C)	2
Clozapine / Clozaril [®] (process second clozapine prescription in the month with an override code to avoid counting twice)	Submission Clarification Code (42Ø-DK)	2
Effexor [®] 225mg (Effexor [®] XR 75 mg and Effexor [®] XR 150 mg) – process second rx with an override code to avoid the second fill counting as another prescription against the limit). Two co-pays will apply.	Submission Clarification Code (42Ø-DK)	2
Cymbalta [®] 90mg (Cymbalta [®] 30 mg and Cymbalta [®] 60 mg) – process second rx with an override code to avoid the second fill counting as another prescription against the limit). Two co-pays will apply.	Submission Clarification Code (42Ø-DK)	2

Important Phone Numbers:

TennCare Family Assistance Service Center	866-311-4287
Express Scripts Health Options Hotline (RxOutreach PAP)	888-486-9355
TennCare Fraud and Abuse Hotline	800-433-3982
TennCare Pharmacy Program (providers only)	888-816-1680
TennCare Pharmacy Program Fax	888-298-4130
First Health Services Technical Call Center	866-434-5520
First Health Services Clinical Call Center	866-434-5524
First Health Services Call Center Fax	866-434-5523

Helpful TennCare Internet Links:

First Health Services: <http://tennessee.fhsc.com>

TennCare website: www.tennessee.gov/tenncare/

Please visit the First Health / TennCare website regularly to stay up-to-date on changes to the pharmacy program. For additional information or updated payer specifications, please visit the First Health Services website at: <http://tennessee.fhsc.com> under "Providers," then "Documents." Please forward or copy the information in this notice to all providers who may be affected by these processing changes...

Thank you for your valued participation in the TennCare program.
